

## CITY OF LANSING INCOME TAX AMENDED INDIVIDUAL RETURN

PLEASE	First Name and Initial	Last Name			Your Social Security Number
PRINT OR	Spouse				I I Your Occupation
TYPE	YPE (if joint return of husband and wife, use first names and middle initials of both)				
	Home Address (Number and Street)	o and missio mitalo or both,			Spouse's Social Security Number
	City, Town or Post Office	State		Zip Code	Spouse's Occupation
Please answer all questions and fill in applicable items.					
Enter name and address used on original return. If changing from separate to joint return, enter names and addresses used on original returns.					
THIS RETURN AMENDS PREVIOUSLY FILED RETURN FOR CALENDAR YEAR					
FILING	RESIDENT	NON-RESIDENT	SINGLE	MARRIED FILING SEPARATELY	MARRIED FILING JOINTLY
STATUS CLAIMED	On original return On this return				
CLAIMED					
EXEMPTIONS					
Number of exemptions claimed on original return					
Number of exemptions claimed on this return					<b></b>
3. Difference					<b>→</b>
		<b>A.</b> As Originally		<b>B.</b> Net Change	C.
	INCOME	Reported		crease or Decrease, plain on reverse side)	Corrected Amount
1. Total	ncome Subject to Tax				\$
TAX LIABILITY					
2. City of Lansing Tax					
PAYMENTS AND CREDITS					
3. Total	Lansing Tax Withheld				
4. Estim	ated Lansing Income Tax Payments				
5. Other	Credits				
6. Amount Paid With Original Return, Plus Additional Payments Made After The Return Was Filed					
7. Total Payments and Credits - Add Lines 3 through 6, Column C					
REFUND OR BALANCE DUE					
Amount of Refund Received or Requested on Original Return					
9. Net Payments and Credits - Subtract Line 8 From Line 7, and enter Result					
10. If Line 2, Column C is More Than Line 9, Enter Balance Due. Please Pay in Full With This Return					
11. If Line 2, Column C is Less Than Line 9, overpayment					
Overpayment Donation; all or any portion of overpayment may be donated to the following funds:					
Problem Solving 11.a HOPE Scholarship 11.b					
Homeless Assistance 11.c					
AMOUNT TO BE REFUNDED					\$

of my knowledge and belief this amended return is true, correct and complete. If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge. Sign Your Signature Signature of preparer other than taxpayer Date Date Here Spouse's Signature (if filing jointly, BOTH must sign even, Address if only one had income I authorize Treasury to discuss my return and attachments with my preparer. MAIL TO: City Income Tax, City of Lansing, 1st Floor, City Hall, 124 W. Michigan Ave., Lansing, MI 48933 Please explain the reason for amending the original return

I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best